

From:

02/02/2009 16:02 #400 P. 001/003

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Qwest

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To: Patent Electronic Business Center **From:** Samantha House, Legal Assistant IP

Fax: 571-273-8300 **Pages:** 3, including this cover sheet

Date: February 2, 2009

Re: Power of Attorney and Statement under 37
CFR 3.73(b)

Serial No. 09/517,613

(020366-064200US)

Attached is a completed Power of Attorney form, SB 81, and Statement under 37 CFR 3.73(b), SB 96, for filing. Please call me at 303-383-6617 if you have any questions. Thank you for your help.

Samantha

From:

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FEB 02 2009

PTO/SB/81 (07-08)

**POWER OF ATTORNEY
OR
REVOCATION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/517,613
Filing Date	3/2/2000
First Named Inventor	Thiru Srinivasan
Title	System and Method for Automated Download of Multimedia Files
Art Unit	2143
Examiner Name	England, David E.
Attorney Docket	020366-064200US

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

83809

OR

I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on my/our behalf to certify the chain of title and establish my/our ownership in the application identified above.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
City		State		Zip
Country				
Telephone		Email		

I am the:

Applicant/Inventor.

OR

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96 submitted herewith or filed on _____)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Mollybeth Kocialski</i>	Date	2/2/09
Name	Mollybeth Kocialski	Telephone	303-383-6602
Title and Company	Senior Attorney, Qwest Communications International, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

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PTO/SB/98 (01-09)

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